



DIVISION OF DEVELOPMENTAL DISABILITIES

**REQUEST FOR INFORMATION FOR THE PLAN OF CARE**

DATE

TO:

RE:

\_\_\_\_\_

Dear:

\_\_\_\_\_ receives services from the Division of Developmental Disabilities (DDD) through the \_\_\_\_\_ waiver. To remain eligible for these services, a waiver Plan of Care must be completed every year.

The Plan of Care meeting is scheduled for \_\_\_\_\_. Participation and input from you is very important to the development of the plan. You can assist in this process by providing the following information for consideration when developing the Plan of Care.

- ☐ Consent form 14-012 is enclosed.
- ☐ Consent form 14-012 is not required by HIPAA because you are a DDD contracted provider.

Please contact me **within ten (10) days** of receiving this letter if you are unable to provide this information or have questions.

Information about the DDD Waivers and services is included. Please call if you have questions or concerns.

Thank you.

\_\_\_\_\_  
Case Manager Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
E-mail Address

## **Instructions For Requesting Information For POC**

### **When do I use this form?**

You use this forms to request written input from others who will not be expected to attend the POC meeting but have information that is needed. For example, a teacher or counselor will have information you need to develop a POC but they may not be able to attend the meeting.

### **When do I need a client consent form to exchange information?**

No additional client consent or authorization is required if the provider is contracted with DSHS, they are our "Provider" and can provide us written information related to the services we purchased.

Schools and Medical professionals will likely require the client/legal representative to authorize release of information that was not produced under contract with DDD/DSHS.

### **What if I get no response?**

You will want to follow up by telephone if you do not get any response. It may also be appropriate to ask the family to follow up with the agency/person. For instance, if the family is requesting more therapy for their child, they have an interest in our having the therapist's information and recommendation.

In some cases, you will not be able to authorize additional services without information from the provider and you will have to address that need and action plan in the POC.